

NOTIFICATION OF DEMOLITION AND RENOVATION



Illinois Environmental Protection Agency

P.O. Box 19276, Springfield, IL 62794-9276

I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled): REVISED (COMPLETION DATE)

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:

ARGONNE NATIONAL LABORATORY

Address:

9700 SOUTH CASS AVENUE

City:

ARGONNE

State:

IL

Zip:

60439

Contact:

LARRY MORRAN

Tel:

(708)252-5934

REMOVAL CONTRACTOR:

NORTH AMERICAN ASBESTOS CONTROL CORP.

Address:

566 WEST ADAMS

City:

CHICAGO

State:

IL

Zip:

60661

Contact:

RALPH CALIENDO

Job Superintendent:

RALPH CALIENDO

Tel:

(312)648-1011

OTHER OPERATOR:

Address:

City:

State:

Zip:

Contact:

Tel:

III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation): D

IV. IS ASBESTOS PRESENT? (Yes/No) YES

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name:

#202, #205, #212, #223, #305, #315

Address:

9700 CASS AVENUE

City:

ARGONNE

County:

DU PAGE

State:

IL

Zip:

60439

Contact:

Tel:

Location of A.C.M. removal in structure: OUTSIDE ON ROOF & GROUND

Building Size:

COOLING TOWERS

of Floors:

Age in Years:

25

Present Use:

A/C COOLING SYSTEM

Prior Use:

SAME

VI. APPROXIMATE AMOUNT OF ASBESTOS TO BE REMOVED:

FACM TO BE REMOVED

NONFRIABLE ACM NOT TO BE REMOVED

PIPES

Ln Ft: 400

LnM:

CAT I

CAT II

SURFACE AREA

SqFt: 20,616

SqM:

VOLUME

CuFt:

CuM:

VII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-3-92

Complete: 5-31-92

VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

Complete:

AGENCY USE ONLY

DATE RECEIVED I.E.P.A.:

POST MARK DATE:

INPUT INTO THE COMPUTER:

DATE SENT TO REGION: 1 2 3

DATE COPY WAS SENT TO: COOK COUNTY:

CITY OF CHICAGO:

INSPECTION PRIORITY: TOP HIGH LO

MUST BE INSPECTED:

PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL AND NAME OF LABORATORY:

BULK POLARIZED LITE MICROSCOPY

X DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND METHOD(S) TO BE USED:

DISASSEMBLE UNITS

XII DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

WET REMOVAL, WRAP IN 6 MIL. POLY SHEETING

XIII WASTE TRANSPORTER #1

Name: NORTH AMERICAN ASBESTOS CONTROL CORP.

Address: 566 WEST ADAMS

City: CHICAGO

State: IL

Zip: 60661

Contact Person: RALPH CALIENDO

Tel: (312)648-1011

XIV WASTE DISPOSAL SITE

Name: ARGONNE NATIONAL LABORATORY

Location:

City: ARGONNE

State: IL

Zip: 60439

Telephone: (708) 252-5934

XV IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

DEMARCATED AREA, NOTIFY PERSONNEL IN AREA - HEPA VAC AND WET WIPE AREA

XVIII I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator)

(Date)

Illinois Environmental Protection Agency
2200 Churchill Road
P. O. Box 19276
Springfield Illinois 62794-9276
Attn: Otto Klein

U. S. Environmental Protection Agency
Air Compliance Branch
77 W. Jackson Blvd.
Chicago, Illinois 60604
Attn: Asbestos Coordinator